

Practitioner's Docket No. ST8715US

PATENT

Preliminary Classification:

Proposed Class:

Subclass:



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

NEW APPLICATION TRANSMITTAL

Transmitted herewith for filing is the patent application of

Inventor(s): Aaron L. Hil

Aaron L. Hill; Leslie M. Logue

For (title):

SYSTEM AND METHOD FOR DETERMINING CONCENTRATION OF

STERILANT

1. Type of Application

This application is for an original (non-provisional).

EXPRESS MAILING UNDER 37 C.F.R. § 1.10*

(Express Mail label number is mandatory.)
(Express Mail certification is optional)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date <u>July 15, 2003</u> in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 as "Express Mail Post Office to Addressee" Mailing Label No. <u>ER354317506US</u>.

Christine Goellner

Type or print name of person mailing paper

Date: July 15, 2003

Signature of person certifying

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"Since the filing of correspondence under § 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

2. Papers Enclosed

- A. Required for filing date under 37 C.F.R. § 1.53(b) (Regular) or 37 C.F.R. § 1.153 (Design) Application
 - 12 Page(s) of Specification
 - 3 Page(s) of Claims
 - 2 Sheet(s) of Drawing(s)--Formal

B. Other Papers Enclosed

- 2 Page(s) of declaration and power of attorney
- 1 Page(s) of abstract

3. Declaration or Oath

Enclosed and executed by the inventors.

4. Inventorship Statement

The inventorship for all the claims in this application is the same.

5. Language

English

6. Assignment

An assignment of the invention to STERIS Inc. is attached. A separate FORM PTO 1595 is also attached.

7. Fee Calculation (37 C.F.R. § 1.16)

Regular Application

			C	CLAIMS	S AS F	ILED)				
	Numbe Filed	er	Number Extra			Rate			Basic Fee 37 C.F.R. § 1.16(a) \$750.00		
Total Claims (37 C.F.R § 1.16(c))	15	_	20	=	0	x	\$	18.00	=	\$	0.00
Independent Claims (37 C.F.R § 1.16(b))	5	_	3	=	2	x	\$	84.00	=	\$	168.00
Multiple Dependent Claim(s), if any (37 C.F.R § 1.16(d))							\$	280.00		\$	0.00
Filing Fee Calculation										\$918	3.00

8. Fee Payment Being Made at This Time

Enclosed - Filing Fee

\$918.00

Recording assignment (\$40; 37 C.F.R. § 1.21(h)) (See attached "COVER SHEET FOR ASSIGNMENT ACCOMPANYING NEW APPLICATION".)

\$40.00

Total Fees Enclosed

\$958.00

9. Method of Payment of Fees

Authorization is hereby made to charge the amount of \$958.00 to credit card as shown on the attached credit card information authorization form PTO-2038. Charge any additional fees required by this paper or credit any overpayment to Deposit Account No. 50-0537. A duplicate of this paper is attached.

10. Authorization to Charge Additional Fees

The Office is hereby authorized to charge, in the manner shown above, the following additional fees that may be required by this paper and during the entire pendency of this application.

37 C.F.R. § 1.16(a), (f) or (g) (filing fees)

37 C.F.R. § 1.16(b), (c) or (d) (presentation of extra claims)

11. Instructions as to Overpayment

Credit Account No. 50-0537.

Date: July 15, 2003

Reg. No.: 31,115

Tel. No.: 440-684-1090 Customer No.: 22203 Signature of Practitioner

Mark Kusner

Mark Kusner Co., LPA Highland Place - Suite 310 6151 Wilson Mills Road Highland Heights, OH 44143